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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 36562497.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CALIFORNIA STATE UNIVERSITY LOS ANGELES AUXILIARY SERVICES, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5151 STATE UNIVERSITY DR, NO. GE 314</p> <p>City or town, state, and ZIP code LOS ANGELES, CA 90032-8530</p> <p>F Group exemption number (See instructions.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions) 95-4016653</p> <p>E Unrelated business activity codes (See instructions) 722320 624410</p>
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H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

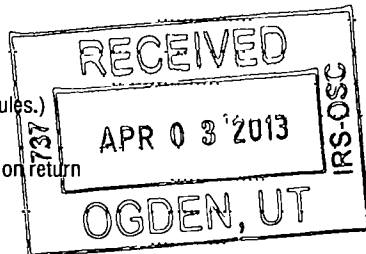
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **THOMAS LEUNG** Telephone number **(323) 343-3571**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 245,356.			
b Less returns and allowances c Balance	1c 245,356.		
2 Cost of goods sold (Schedule A, line 7)	2 97,197.		
3 Gross profit. Subtract line 2 from line 1c	3 148,159.		148,159.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 3	12 131,189.		131,189.
13 Total. Combine lines 3 through 12	13 279,348.		279,348.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15	233,081.	
16 Repairs and maintenance	16	1,124.	
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19	2,914.	
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21	19,880.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		19,880.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 4	28	183,907.	
29 Total deductions. Add lines 14 through 28	29	440,906.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-161,558.	
31 Net operating loss deduction (limited to the amount on line 30)	31	0.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-161,558.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-161,558.	



**CALIFORNIA STATE UNIVERSITY LOS ANGELES
AUXILIARY SERVICES, INC.**

Form 990-T (2011)

95-4016653

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a

b Other credits (see instructions) ▶ 40b

c General business credit. Attach Form 3800 ▶ 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d

e Total credits. Add lines 40a through 40d ▶ 40e

41 Subtract line 40e from line 39 ▶ 41 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ▶ 42

43 Total tax. Add lines 41 and 42 ▶ 43 0.

44 a Payments: A 2010 overpayment credited to 2011 ▶ 44a

b 2011 estimated tax payments ▶ 44b

c Tax deposited with Form 8868 ▶ 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 44d

e Backup withholding (see instructions) ▶ 44e

f Credit for small employer health insurance premiums (Attach Form 8941) ▶ 44f

g Other credits and payments: Form 2439 Form 4136 Other _____ Total ▶ ▶ 44g

45 Total payments. Add lines 44a through 44g ▶ 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.

49 Enter the amount of line 48 you want: **Credited to 2012 estimated tax** **Refunded** ▶ 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ **N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2	97,197.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	97,197.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5	97,197.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **EXECUTIVE DIRECTOR**
 Signature of officer Date **3/21/13** Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name JOEL BAUMBLATT	Preparer's signature JOEL BAUMBLATT	Date 03/16/13	Check <input type="checkbox"/> if self-employed	PTIN P00021260
	Firm's name ▶ MACIAS GINI & O'CONNELL LLP			Firm's EIN ▶ 68-0300457	
	Firm's address ▶ 2029 CENTURY PK E STE 1500 LOS ANGELES, CA 90067-2906			Phone no. 310-277-3373	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals

Enter here and on page 1, Part I, line 7, column (A) 0.

Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0.

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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PROVIDES HOSPITALITY SERVICES TO EXTERNAL USERS OF THE UNIVERSITY
PROVIDES CHILD CARE SERVICES
LEASE INCOME FROM RENTAL OF LAND FOR THE USE OF BILL BOARD ADVERTISEMENT

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT	2
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ELECTION TO RELINQUISH NET OPERATING LOSS CARRYBACK PERIOD:
PURSUANT TO CODE SEC. 172(B)(3),
THE TAXPAYER HEREBY ELECTS TO RELINQUISH
THE ENTIRE CARRYBACK PERIOD WITH RESPECT
TO THE NET OPERATING LOSS INCURRED
IN ITS TAX YEAR 2011.

FORM 990-T	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
CHILD CARE FEES		130,229.	
OTHER INCOME		960.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		131,189.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
ADMIN. FEES		29,916.	
LINEN/UNIFORM EXPENSES		5,786.	
PROFESSIONAL FEES		539.	
SUPPLIES		33,043.	
UTILITIES/PHONES		10,005.	
EQUIPMENT RENTAL		58.	
INSURANCE		1,784.	
ADVERTISING/MARKETING		582.	
OTHER EXPENSES		2,862.	
SPACE RENTAL		3,818.	
COMMISSION EXPENSE		5,007.	
BANK CHARGES		5,155.	
DUES AND SUBSCRIPTIONS		557.	
PERMITS AND LICENSES		807.	
DUPLICATING / PRINTING		87.	
PARTICIPANT COSTS		1,486.	
AUDIT & LEGAL		3,459.	
BUILDING COST REIMBURSEMENT		59,602.	
PAPER & PLASTIC		8,692.	
TRAVEL		916.	
LOSS ON SALE OF ASSET		9,746.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		183,907.	

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions CALIFORNIA STATE UNIVERSITY LOS ANGELES AUXILIARY SERVICES, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4016653
	Number, street, and room or suite no. If a P.O. box, see instructions 5151 STATE UNIVERSITY DR, NO. GE 314	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LOS ANGELES, CA 90032-8530	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THOMAS LEUNG

• The books are in the care of **5151 STATE UNIVERSITY - LOS ANGELES, CA 90032**
Telephone No. **(323) 343-3571** FAX No. **(323) 343-3650**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2013**

5 For calendar year _____ , or other tax year beginning **JUL 1, 2011** , and ending **JUN 30, 2012**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date